



Pasco County Health Department Dietetic Internship

WIC Eligibility Statement

The purpose of this Eligibility Statement is for the sponsoring agency to confirm that the prospective applicant is available (based on employment status or your agency's fiscal and personnel needs) for consideration in the internship.

The document also identifies that the sponsoring agency is willing to provide the prospective applicant with the technological equipment (details below) required to participate in the internship should they be selected.

Required equipment to be supplied by sponsoring agency:

1) Laptop Computer with the following minimum requirements:

- Vendor — Dell, HP, Surface Pro, Compaq Processor – 2.0 GB, 800 MHz or higher*
(*Required for HMS/CACHE and Centrax)
- RAM — 4GB RAM*
- Network Adapter – Ethernet 10/100 or higher
- Screen Size — 10" or larger
- Hard Drive – 80 GB HB, 7200 RPM
- Energy Smart — Where available
- Encryption capability
- VPN capability

Recommended additional features and equipment:

- Video – VGA/DVI or HDMI (Preferred)
- Other Drives – DVD +/-RV SATA (no floppy drive)
- Battery — 9 cell Battery
- Extended Support — 4 year warranty and support (hard drive and accidental damage)
- WLAN Wireless Adapters — 802.11 a/g/n; must include WPA2 Enterprise protocol support and XP SP3
- Infrared Devices — Approved for use on all DOH devices and peripherals
- Aircards (optional)
- Carry Case — Nylon Case or Slim Nylon Case

2) State issued thumb drive/flash drive (at least 2 GB).

Please note: Bluetooth is not approved for use on all DOH devices and peripherals.

**** Print this form and obtain signatures where necessary. ****



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The eligibility statement must be included in your application package for Dietetic Internship. This is to confirm that:

(Name applicant): _____

(Position) _____

has met the following eligibility requirements for consideration in the Dietetic Internship Program:

A.) Employee in good standing with the

(Name of Agency/Division) _____

and has been employed ☐ Full Time ☐ Part Time for _____ continuous months. I confirm that employee hire date is at least 1 continuous year with this agency prior to November 1st.

Employee Start Date with Florida DOH: _____ (MM, DD, YYYY)

B.) Applicant has this agency's support to be considered for acceptance into the DI Program.

C.) Employee has read and will accept terms of the State of Florida Department of Health Bureau of WIC Program Services Dietetic Internship Program Agreement in Chapter 12 of the WIC Procedure Manual.

Signature of Applicant Employee

Date (MM,DD,YY)

Signature of Nutrition Director

Date (MM,DD,YY)

Signature of WIC Coordinator

Date (MM,DD,YY)

Signature of Health Unit Director

Date (MM,DD,YY)